



Differential Substance Abuse Treatment (DSAT) Model

***Developed for the
State of Maine
Department of Health and Human Services
Office of Substance Abuse (OSA)
And Implemented in the
State of Maine Department of Corrections (MDOC) Institutions and the
Statewide Adult Drug Treatment Court (ADTC) Programs***

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Differential Substance Abuse Treatment (DSAT) System Overview

The Differential Substance Abuse Treatment (DSAT) Model is an evidenced-based addiction treatment system designed to reduce substance abuse and related criminal behaviour within the Maine offender population. The term “differential” refers to not only the differentiation between the needs of men in substance abuse treatment and the needs of women in substance abuse treatment, but also to the level of substance use severity.

The history of the DSAT system can be traced to research and development that took place between 1997 and 1999 by the Maine Department of Behavioral and Developmental Services: Office of Substance Abuse (OSA) and the Maine Department of Corrections (MDOC), and was supported by SAMHSA’s Center for Substance Abuse Treatment. OSA was responsible for management of the research and development of the DSAT model conducted by Jamieson, Beals, Lalonde, & Associates of Ottawa, Ontario. The foundation for implementation of the DSAT system is based on that research and the clinical principles first articulated in the 1999 DSAT Model report.

The DSAT Model

The DSAT system is based on a conceptual model of criminal behavior that reserves the most intensive treatment services for offenders with the highest levels of criminal risk and need (severity of dependence on alcohol/drugs) in order to achieve the greatest impact in reducing criminal behavior. The community treatment phase of the DSAT Model has the dual objective of providing both transitional and treatment services that teach offenders how to cope with high-risk situations. Community based DSAT Model programs are also prepared to accept referrals from the Maine State Correctional System upon prisoner release.

Implementation of the DSAT curriculum is based on a continuum of assessment and treatment services extending across the entire substance abusing offender population in Maine. It has links to the Adult Drug Treatment Courts, as well as prison-based, transitional, and community based services. Through the course of treatment a battery of questionnaires are administered at scheduled intervals; instruments used include: the Alcohol and Drug Refusal Self-Efficacy Questionnaire, the Drug Avoidance Self-Efficacy Scales, the Coping Behaviors Inventory, and the Commitment Scales, which measures motivational levels. All program measures and psychometric instruments administered are intended to serve both as tools for the ongoing assessment and treatment planning process for clients and as measures for outcome evaluation and research on the DSAT treatment model. DSAT training initiates with skill development in Motivational Interviewing and continues with extensive training in Cognitive Behavioral program delivery and administration of the applied psychometric measures. Additionally, facilitators are supported with ongoing feedback and mentoring through regular clinical supervision, site visits, statewide Treatment Advisory Group (TAG) meetings, and regular DSAT booster training events.

Essential components of the DSAT model include a comprehensive assessment system and a menu of treatment options at varying levels of intensity. Progression in treatment follows a sequence of phases – Computerized Screening Assessment, Comprehensive Assessment, Motivational Enhancement, Pre-Treatment, Intensive and Maintenance – grounded in proven Motivational and Cognitive-Behavioral practice models. Treatment options are designed to best meet the needs of offenders, whether in prison, in transition, or in the community. The uniqueness of the DSAT model is its comprehensive design which seeks to address the varying needs of criminally involved substance abusers. The internal logic of each session is designed to help develop and enhance cause-and-effect recognition, and the ability to move from abstract understanding to a practical application of each concept. Lessons are structured to foster interactivity, and to create a balance of objectivity, focusing on each participant's own behavior and attitudes. As services have been developed and implemented across the state, OSA has taken great care to maintain fidelity to the model as described in the DSAT Model Report (1999). Standards for implementing the DSAT curriculum are also detailed in a DSAT Implementation Manual and in the core DSAT Treatment Manuals.

Programming Levels

Offenders are directed into treatment, based on an assessment of risk/need, whereby more intensive services are reserved for offenders who are at the highest risk for re-offending. The more severe the substance abuse problem, the greater the rate of recidivism. Current services in Maine are directed to the Level 3 and Level 4/4+ Community and Institutional curriculums.

Although there are core elements present in both the women's and men's DSAT program, there are key differences to be noted between the two. It is necessary to note how the context for male and female substance abusing offenders differs, including familial/social background and experience, learning styles, and criminal and substance abuse history. Research shows a higher incidence of social and environmental factors in females such as sexual abuse (childhood and adult), and abuse in intimate relationships (although also significantly indicative of probable substance abuse and criminogenic behaviors in males as well as females). Other high risk factors include substance use, abstinence, and relapse linked to partner or spouse (for men, being married is a factor that helps reduce relapse, while with women, it increases it); poverty; lack of education; unemployment or sporadic employment. For females particularly significant risk factors include child care responsibilities and consequent concerns related to parenting skills as well as concerns related to child custody; concern about personal safety, including transportation, housing, and access to services; arrests for prostitution; and stigmatization for substance use. There are biological/physiological and psychological differences between males and females as well, including more rapid onset of addiction and tolerance in females, substance use behaviors that manifest themselves in severe levels of addiction, presence of multiple drug use with evidence of self-medication, and health consequences to reproductive function, nutritional deficits, mental and emotional impairment, mood disorders, and psychiatric disorders (in particular, depression).

DSAT and Correctional Treatment

Research demonstrates a direct relationship between the severity of a person's dependency and criminal behavior, which, in turn correlates with characteristic thinking errors. The DSAT curriculum targets criminal behavior by focusing the participant's thought process on effective problem-solving and decision making skills, motivating participants to consider how they arrived at their decisions to act in a criminal manner, and how preoccupation with drugs and alcohol influenced those decisions. The group setting has proven to be the most effective means of motivating participants to examine their patterns of thinking and behaving. The DSAT Community Curriculum offers offenders who have been assessed as having a moderate to substantial level of dependence on drugs and/or alcohol the opportunity to (a) explore the way they think about substance use in relation to stressful events in their lives, and (b) to learn new ways of thinking about their choices and the consequences of those choices. The Community Curriculum also provides a supportive structured program for offenders who are currently incarcerated but due for release within three to nine months, and who meet the criteria for a Level 3-4 intervention based on results of a Comprehensive Assessment.